

POSITION	ID NO.	DATE
CLASSIFIER	90	1-10-94
EXAMINER	W	1-10-94
TYPIST		1-23
VERIFIER	211	1-24
CORPS CORR.		
SPEC. HAND	455	1-19-95
FILE MAINT.	452	11-21-94
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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SYMBOLS

- ✓ Rejected
- Allowed
- (Through number) Canceled
- ♦ Restricted
- N Non-elected
- Interference
- ▲ Appeal
- O Objected

Claim	Date
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